EXHIBIT C

UNITED STATES BANKAUPTO COURT	PRO	OF OF CLAIM		
STATE OF HEVALA			YOUR CLAIM IS SCHEDULED AS	
Name of Debtor	Case Number		Schedule/Clarm ID s31824	
USA Commercial Mortgage Company	06-10725-LBR		Amount/Classification	
			\$72 99 Unsecured	
NOTE See Reverse for List of Debtors and Case Numbers	L			
This form should not be used to make a claim for an administrative expansing after the commencement of the case A "request" for payment		Check box if you are aware that anyone else has		
administrative expense may be filed pursuant to 11 U S C § 503	Or Car	filed a proof of claim relating to your claim Attach copy of	The amounts reflected above constitute your claim as	
Name of Creditor and Address:		statement giving particulars	scheduled by the Debtor or pursuant to a filed claim. If you agree with the amounts set forth herein, and have no	
JOSEPH G DARASKEVIUS & ARDEE S DARASKEVIUS	100187	Check box if you have	other claim against the Debtor you do not need to file this proof of claim EXCEPT as stated below	
-635 MEADOWS DA 2761 KIOWA Blud Soun	lh	never received any notices from the bankruptcy court or	if the amounts shown above are listed as Contingent,	
LAKE HAVASU CITY AZ 86404-3337 86403		BMC Group in this case	Unliquidated or Disputed, a proof of claim must be filed	
		Check box if this address differs from the address on the	If you have already filed a proof of claim with the	
		envelope sent to you by the court.	Bankruptcy Court or BMC you do not need to file again	
Creditor Telephone Number 98 855 - 80 - 7 Last four digits of account or other number by which creditor identifies	debtor:		THIS SPACE IS FOR COURT USE ONLY	
East four digits of account of other flamber by Which oreditor Identifies	GODIO	Check here replain or or amer	a previously filed claim dated	
1 BASIS FOR CLAIM	Retiree t	penefits as defined in 11 U S	C § 1114(a) Unremitted principal	
Goods sold Personal injury/wrongful death Services performed Taxes		salaries and compensation ((fill out below) Other claims against servicer (not for loan balances)	
Money loaned Other (describe briefly)		compensation for services pe	erformed fromto	
			(date) (date)	
2 DATE DEBT WAS INCURRED 4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that		OURT JUDGMENT, DATE O		
See reverse side for important explanations	Desi desem	SECURED CLAIM	III OI UIG CIANTI AL UIG MITIE CASE INGU	
UNSECURED NONPRIORITY CLAIM \$			our claim is secured by collateral (including	
Check this box if a) there is no collateral or lien securing your claim or b) y exceeds the value of the property securing it, or if c) none or only part of you	our claim or claim is	a right of setoff)	,	
entitled to priority UNSECURED PRIORITY CLAIM		Bnef description of		
Check this box if you have an unsecured claim all or part of which is entitled to priority		Real Estate Value of Collateral		
Amount entitled to priority \$			nd other charges at time case filed included in	
Specify the priority of the claim		secured claim, if any		
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)		Up to \$2 225* of deposits towa	ard purchase lease or rental of property or r household use 11 U.S.C. § 507(a)(7)	
Wages salanes or commissions (up to \$10 000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's	Г		vemmental units - 11 U.S.C. § 507(a)(8)	
business whichever is earlier - 11 U S C § 507(a)(4)	Ē	-	graph of 11 U S C § 507(a) ()	
Contributions to an employee benefit plan - 11 U S C § 507(a)(5)		* Amounts are subject to adjus	tment on 4/1/07 and every 3 years thereafter ced on or after the date of adjustment.	
5 TOTAL AMOUNT OF CLAIM \$ \$	27	5 000 60 \$	\$ 275 000 °	
AT TIME CASE FILED (unsecured)	(5	secured)	(pnonty) (Total)	
Check this box if claim includes interest or other charges in addition to the			-	
6 CREDITS The amount of all payments on this claim has been cred 7 SUPPORTING DOCUMENTS <u>Attach copies of supporting docu</u>	anea ana (umente si	deducted for the purpose of r	making this proof of claim	
running accounts, contracts, court judgments mortgages, security;	agreemen	ts, and evidence of perfection	n of lien DO NOT SEND ORIGINAL	
DOCUMENTS If the documents are not available, explain if the c B DATE-STAMPED COPY To receive an acknowledgment of the			mmary d self-addressed envelope and copy of this	
proof of claim	og or ,	rour oldini, enclose a stattipe	d self-addressed envelope and copy of this	
The original of this completed proof of claim form must be sen ACCEPTED) so that it is actually received on or before 5-00 pm	it by mail	or hand delivered (FAXES		
for each person or entity (including individuals, partnerships, or	i, prevann corporatio	ng rachic time, on Novemb Ons, joint ventures, trusts a	er 13, 2006 USE ONLY	
governmental units) BY MAIL TO	BY HAND	OR OVERNIGHT DELIVERY TO	ED OCT 9 1 2000	
	BMC Grou	up CM Claims Docketing Cente	FILED OCT 31 2006	
P O Box 911	1330 East	t Franklin Avenue do CA 90245		
DATE SIGN and print the name and title if any of the	creditor or		101.011	
10-27-06 TOSEPH DARASKEV (US	ey if any)	Ardee Daras	SKONIAZ MINITERIA	
- My box			1072500865	
Penalty for presenting fraudulent claim is a fine of up to \$500 000 or imprisonment	for up to 5	years, or both 18 USC §§ 152	2 AND 3571	

UNITED STATES BANKRUPTCY COURT, DISTRICT OF	NEVADA		PROOF OF CLAIM		
Name of Debtor	Case Nun				
USA COMMERCIAL MORTGAGE COMPANY	06-10				
NOTE This form should not be used to make a claim for an administrative case A "request' for payment of an administrative expense may be filed p					
Name of Creditor (The person or other entity to whom the		box if you are aware that anyone			
debtor owes money or property)		s filed a proof of claim relating claim. Attach copy of statement			
KEVIN McKEE and PAMELA McKEE	giving	particulars			
Name & address where notices should be sent		box if you have never received tices from the bankruptcy court			
JANET L CHUBB, ESQ JONES VARGAS	in this				
P O BOX 281	4	box if the address differs from			
RENO, NV 89504-0281 Telephone number 775-786-5000	the add	ress on the envelope sent to you court	This Space for Court Use Only		
Last four digits of account or other number by which creditor		e □ replaces			
identifies debtor 500953 5		m □ amends a previously filed	claim, dated		
1 BASIS FOR CLAIM	' o j	Retiree benefits as defined in [1]	JSC § 1114(a)		
□ (roods sold		Vages, salaries, and compensation			
☐ Services performed ☐ Money loaned		ast four digits of your SS # Unpaid compensation for services			
☐ Personal mjury/wrongful death		-			
☐ Taxes ■ Cther _DEBTOR'S BREACHES (see adversary complain	<u>,</u>	fromto	(date)		
Cther <u>DEBTOR'S BREACHES</u> (see adversary complain Date debt was incurred		court judgment, date obtained	(date)		
2003-2005	3 11	tour t Judgment, date obtained			
4 Classification of Claim. Check the appropriate box or boxes	that best des	cribe your claim and state the am	ount of the claim at the time case		
filed See reverse side for important explanations		Secured Claim			
Unsecuted Nonpriority Claim \$ 500,000 00 + accrued interest		☐ Check this box if your cla	um is secured by collateral		
<u>postpetition payments received</u> ☐ Check this box if a) there is no collateral or lien securing you	_	(including a right of se	toff)		
b) your claim exceeds the value of the property securing it, or if d) none or	Brief description of colla	teral r Vehicle □ Other		
only part of your claim is entitled to priority		Value of Collateral \$			
Unsecured Priority Claim		Amount of arrearage and othe	r charges at tune case filed		
☐ Check this box if you have an unsecured claim, all or part of ventitled to priority	which is	included in secured claim, if a	ny		
Amount entitled to priority \$					
Specify the priority of the claim.	ם ט	p to \$2,225* of deposits toward j	ourchase lease or rental of		
☐ Dome stic support obligations un 11 U S C § 507(a)(1)(A) or)	p:	foperty or services for personal, f S C § 507(a)(7)	amily or household use - 11		
(a)(1)(F)		xes or penalties owed to governm	nental units - 11 USC §		
☐ Wages, salaries, or commissions (up to \$10,000) * earned with 180 days before filing of the bankruptcy petition or cessation of the salaries.	un 54 he	07(a)(8)			
debtor's business whichever is earlier- 11 USC § 507(a)(4)	0 0	THER - Specify applicable parag	raph of 11 U S C § 507(a) ()		
☐ Contributions to an employee benefit plan - 11 U S C § 507(a)		ounts are subject to adjustment on 4/1 with respect to cases commenced on c			
	00 00 +/-	ss	<u> </u>		
☐ Check this box it claim includes interest or other charges in ad interest or additional charges	secured) dition to the	, ,	onty) (Total) Attach itemized statement of all		
6 Credits The amount of all payments on this claim has been cre	edited and d	educted for the purpose of makir	THIS SPACE IS FOR COURT USE ONLY		
this proof of claim. SEE ABOVE 7 Supporting documents Attach copies of supporting documents	ts such as p	romissory notes purchase orders			
invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, FIFD DEC 0 9 200					
and evidence of perfection of hen DO NOTSEND ORIGINAL DOCUMENTS If the documents are not available, explain If the documents are voluminous, attach a summary					
8 Date-Stamped copy To receive an acknowledgment of the file		laim, enclose a stamped, self-	USA CMC		
Date Sign and print the name and title, if any, of the ci	reditor or of	ner person authorized to file this			
claim (attach copy of power of attorney, if any)		PEODATES/ FOD CV ASSASSE	10/2301000		

FORM B10 (Official Form 10) (10/05)				(Protective)
UNITED STATES BANKRUPTCY COURT	Dist	RICT OF_	Nevada	PROOF OF CLAIM
Name of Debtor USA Commercial Mortgage Co	Case N	umber	06-10725 - LBR	- FROOF OF CLAIM
NOTI- This form should not be used to make a claim for an administ of the circ. A "request for payment of an administrative expense ma				
Name of Creditor (The person or other entity to whom the dubtor owes maney or property)	else h	as filed a pr	are aware that anyone pof of claim relating to h copy of statement	
Norman Kıven	giving	g particulars	have never received any	
Name and address where notices should he sent Andrew J. Abrams, Esq., Sugar, Friedberg & Felsenthal LLP 30 N. LaSalic St., Ste. 3000, Chicago, IL 60602	notice case	s from the i	pankruptcy court in this address differs from the velope sent to you by	
Telephone number 312-704-9400	the co			THIS SINCE IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies debtor		khere □ i claim □		led claim, dated
I Basis for Claim □ Goods sold □ Services performed ☑ Money loaned (See Rider) □ Personal injury/wrongful death		☐ Wage: Last f Unpai	e benefits as defined in salaries, and compens our digits of your SS # d compensation for ser	sation (fill out below)
Personal injury/wrongful death Taxes Other		from	(date)	to(date)
2 Date debt was incurred 2004 - 2006	3	If court j	dgment, date obtaine	d
4 Classification of Claim Check the appropriate box or boxes the See reverse side for important explanations Unsecured Nonpriority Claim \$	which is	Secured Che a right of Brief Valu Amount of secured of Up to \$2 22 or services for \$507(a)(7) Taxes or per Other - Spectounts are su	Claim (Protective ck this box if your claim setoff) f Description of Collate Real Estate Motor ie of Collateral Motor ie of Collateral Motor farrearage and other chiam, if any \$	/See Rider) Is secured by collateral (including rai Vehicle Other————————————————————————————————————
 Total Amount of Claim at Time Case Filed Check this box if claim includes interest or other charges in additional charges. 		(unsecured) principal a	(secured)	(prionty) (Total)
6 Credits The amount of all payments on this claim has been making this proof of claim 7 Supporting Documents Attach copies of supporting docum orders, invoices, itemized statements of running accounts, contra agreements and evidence of perfection of lien DO NOT SEN documents are not available, explain If the documents are volu	n <i>ents</i> , such a acts, court ji VD ORIGIN	s promissor udgments, r	y notes, purchase nortgages, security MENTS If the	THIS SPACE IS FOR COURT USE ONLY
8 Date-Stamped Copy: To receive an acknowledgment of the fi addressed envelope and copy of this proof of claim Date Sign and print the name and title, if any, of	iling of you	r claim, enci	ose a stamped, self-	USA CMC
file this claim (attach cony of power of atto	rney, if any		torney in Fact	1072501297

FORM B10 (Official Form 10) (10/05)

Tomas Come Business Come			\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		
UNITED STATES BANKRUPTCY COURT	Dis	TRICT OF	Nevada	PROOF OF CLAIM	
Name of Debtor USA Commercial Mortgage Co	Case	Number 00	5-10725-LBR		
NOTE. This form should not be used to make a claim for an administrative expense maintained in A "request" for payment of an administrative expense maintained in the control of the contr	strative exp ly be filed	ense ansing afte pursuant to !! C	er the commencement J.S.C. § 503		
Name of Creditor (The person or other entity to whom the dubtor owes money or property)	else	has filed a proo	e aware that anyone f of claim relating to copy of statement		
Norman Kıven	giv	ng particulars	ive never received an		
Name and address where notices should he sent Andrew J Abrams Esq., Sugar, Friedberg & Felsenthal LLP	noti	es from the ba	nkruptcy court in this		
30 N LaSalic St., Stc. 3000, Chicago, IL 60602		ck box if the add	iress differs from the		
Telephone number 312-704-9400	the	court	lope sent to you by	THIS SPACE IS FOR COURT USE ONLY	
Last four digits of account or other number by which creditor identifies debtor		ck here □rep is claim □ am		iled clarm dated	
1. Basis for Claim				1 U S C §	
☐ Goods sold ☐ Services performed		Last fou	r digits of your SS #	sation (fill out below)	
☐ Money loaned ☐ Personal injury/wrongful death		•	compensation for se		
☐ Taxes Comment (See Bule)		from	(date)	_to(date)	
2. Date debt was incurred 2006	3	If court judg	gment, date obtain	ed	
4 Classification of Claim. Check the appropriate box or boxes th				at at the plane of the two was filed	
See reverse side for important explanations	iat dest des	erioe your ciain i Secured Cl		nt of the claim at the time case frico	
Unsecured Nonpriority Claim 5		C) Charle		us sacreed by colleteral feasibles	
Check this box if a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it or if c) none or only part of your claim is entitled to priority Check this box if your claim is secured by collateral (including a right of setoff) Brief Description of Collateral					
Unsecured Priority Claim				r Vehicle Other	
M Check this box if you have an unsecured claim all or part of v	vhich is	Value (of Collateral \$		
entilled to priority Amount entitled to priority \$48,248 00(+)			rrearage and other ch	arges <u>at time case filed</u> included in	
Specify the priority of the claim		Un to \$2,225*	of denosits toward n	urchase, lease, or rental of property	
Domestic support obligations under 11 USC § 507(a)(1)(A) (a)(1)(B)	_	or services for § 507(a)(7)	personal family, or l	nousehold use - 11 USC	
☐ Wages, salanes, or commissions (up to \$10,000),* earned with:	п 180 —			nental units - 11 U S C § 507(a)(8)	
days before filing of the bankruptcy petition or cessation of the debt business, whichever is earlier - 11 U S C § 507(a)(4)	or's ex	-		th of 11 USC. § 507(a)(2) *	
☐ Contributions to an employee benefit plan - II U S C. § 507(a		with respect to	cases commenced or	i/1/07 and every 3 years thereafter or after the date of adjustment	
5 Total Amount of Claim at Time Case Filed.		48,248(+)		48,248(+) 48,248(+)	
(unsecuted) (priority) (Total) Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.					
6 Credits The amount of all payments on this claim has been credited and deducted for the purpose of This Spaci is for Court Usi Only					
making this proof of claim 7 Supporting Documents Attach copies of supporting documents	ents. such	es promissory o	iotes, purchase	4 = 966	
7 Supporting Documents Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts contracts, court judgments, mortgages, security FILED NOV 1 5 2006 agreements, and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS If the					
agreements, and evidence of perfection of lien DO NOT SEN documents are not available, explain. If the documents are volu-	D ORIGII	VAL DOCUME	ENTS If the		
8 Date-Stamped Copy To receive an acknowledgment of the fi					
addressed envelope and copy of this proof of claim					
Date Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any)				USA CMC	
Marc Kiven, As Attorney in Fact for Norman Kiven					

UNITED STATES BANKRUPTCY COURT	Dist	TRICT	OF <u>Nevada</u>	PROOF OF CLAIM
Name of Debtor USA COMMERCIAL MORTAGE COMPANY Case Number 06-10725-LBR				
NOTE This form should not be used to make a claim for an administ of the case. A request for payment of an administrative expense ma				11
Name of Creditor (The person or other entity to whom the dubtor owes money or property) OTHMAR KLAY & CHRISTINE KLAY TRUSTERS OF THE KLAY LIVING TRUST DATED ///// Name and address where notices should be sent OTHMAR & CHRISTINE KLAY	else your givin Chec notic case	has filed claim ng partic ck box i ces from	f you are aware that anyone d a proof of claim relating to Attach copy of statement ulars f you have never received a the bankruptcy court in th f the address differs from th	o ny ns
OTHMAR & CHRISTINE KLAY 5530 LAUSANNE DR. RENO VY 57519, F586 Last four digits of account or other number by which creditor	addr the c		he envelope sent to you by	THIS SPACE IS FOR COURT USE ONLY
identifies debtor	}	is claim		filed claim dated
Basis for Claim Goods sold Services performed Money loaned Personal injury/wrongful death Taxes SEE EXHIBIT A Other			Retiree benefits as defined Wages salaries and compount of the	ensation (fill out below) # services performed
2 Date debt was incurred 10 24 2005	_ 3.	If co	urt judgment, date obtai	ned
See reverse side for important explanations Unsecured Nonpriority Claim \$.354.236.95 Check this box if a) there is no collateral or lien securing you be jour claim exceeds the value of the property securing it or if c) only part of your claim is entitled to priority Unsecured Priority Claim Check this box if you have an unsecured claim all or part of entitled to priority Amount entitled to priority \$	or an 180 and a)(5)	Amo secu Up to or serv § 5070 Taxes Other mounts with re	Brief Description of Colling Real Estate Mo Value of Collateral \$	charges at time case filed included in 36 95 If purchase, lease or rental of property or household use - 11 U S C mmental units - 11 U S C § 507(a)(8) raph of 11 U S C § 507(a)() m 4/1/07 and every 3 years thereafter on or after the date of adjustment 35423695 (priority) (Total)
Check this box if claim includes interest or other charges in adinterest or additional charges 6 Credits The amount of all payments on this claim has bee				
making this proof of claim 7 Supporting Documents Attach copies of supporting documents agreements, and evidence of perfection of lien DO NOT SEI documents are not available, explain if the documents are voltable. 8 Date-Stamped Copy To receive an acknowledgment of the addressed envelope and copy of this proof of claim. Date Sign and print the name and title if any, of file that claim (attach copy of power of attach copy of power of attach.)	nents, such racts court ND ORIGI ummous, at filing of you	as pron judgme NAL D ttach a s ur clain	nissory notes purchase ents mortgages, security OCUMENTS If the summary n, enclose a stamped, self-	THIS SPACE IS FOR COURT USE ONLY FILED JAN 12 20
Chrithe Reg		7	rustee	USA CMC

Case 06-10725-gwz Doc 8619-3 Entered 07/13/11 14:16:04 Page 7 of 11 FORM B10 (Official Form 10) (10/05) DISTRICT OF Nevada UNITED STAILS BANKRUPICY COURT PROOF OF CLAIM Name of Dubtor Case Number 06-10725-LBR USA Commercial Mortgage Company NOTE This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 USC § 503 Check box if you are aware that anyone Name of Creditor (The person or other entity to whom the else has filed a proof of claim relating to dubtor owes money or property) your claim Attach copy of statement giving particulars KM Group, a Nevada General Partnership Name and address where notices should be sent Check box if you have never received any notices from the bankruptcy court in this Aimee Kearns 5886 N. Bonita Vista St Las Vegas, NV 89149 Telephone number 702-240-7162 Check box if the address differs from the address on the envelope sent to you by THIS SPACE IS FOR COURT USE ONLY the court.

Last four digits of account or other number by which creditor	Check here replaces
identifies debtor	if this claim amends a previously filed claim dated
Basis for Claim Goods sold Services performed Money loaned Personal injury/wrongful death Taxes Other See Exhibit A	Retiree benefits as defined in 11 U S C § 1114(a) Wages salaries and compensation (fill out below) Last four digits of your SS # Unpaid compensation for serv ces performed from
2. Date debt was incurred $\frac{1}{2}b/2006$	3. If court judgment, date obtained
4 Classification of Claim Check the appropriate box or boxes the See reverse side for important explanations Unsecured Nonpriority Claim \$152,179.67 Check this box if a) there is no collateral or lien securing your b) your claim exceeds the value of the property securing it or if c) rouly part of your claim is enutled to priority Unsecured Priority Claim Check this box if you have an unsecured claim all or part of wentitled to priority Amount entitled to priority \$	Brief Description of Collateral Real Estate Motor Vehicle Other— Value of Collateral \$ Uh KNDWN Amount of arrearage and other charges at time case filed included in secured claim if any \$ 2 1 9 6 7 Up to \$2 225* of deposits toward purchase lease, or rental of propert or services for personal family or household use - 11 U S C \$ 507(a)(7) Taxes or penalties owed to governmental units 11 U S C \$ 507(a)(8) or s *Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment
5 Total Amount of Claim at Time Case Filed	\$152,179 67 152,179.67 \$152,179.67
Check this box if claim includes interest or other charges in add interest or additional charges	(unsecured) (secured) (priority) (Total) lition to the principal amount of the claim. Attach itemized statement of all
6 Credits The amount of all payments on this claim has been making this proof of claim 7 Supporting Documents. Attach copies of supporting docume orders invoices itemized statements of running accounts contra agreements and evidence of perfection of lien DO NOT SEN documents are not available explain If the documents are volum 8 Date-Stamped Copy To receive an acknowledgment of the fill addressed envelope and copy of this proof of claim	ents, such as promissory notes, purchase acts court judgments, mortgages, security DORIGINAL DOCUMENTS If the TILED JAN 10 200, minous, attach a summary
Sign and print the name and title if any of the file this claim (attach copy of power of attor	mey if any) USA CMC Imprisonment for up to 5 years of built 18 t 3 C 1072501999

FORM B10 (Official Form 10) (10/05) DISTRICT OF Nevada UNITED STAILS BANKRUPICY COURT PROOF OF CLAIM Name of Duhtor Case Number 06-10725-LBR Company Mortgage USA Commercial NOTI- This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 USC § 503 Check box if you are aware that anyone Name of Creditor (The person or other entity to whom the else has filed a proof of claim relating to debtor owes money or property) your claim Attach copy of statement giving particulars Almee E. Kearns, Toustee of the KM Trust Check box it you have never received any Name and address where notices should be sent notices from the bankruptcy court in this Aimee Kearns 5886 N. Bonita Vista St Check box if the address differs from the Las Vegas, NV 89149 Telephone number 702-240-7162 address on the envelope sent to you by THIS SPACE IS FOR COURT USE ONLY the court. replaces Check here Last four digits of account or other number by which creditor amends a previously filed claim dated of this claim identifies debtor Retiree benefits as defined in 11 USC § 1114(a) Basis for Claim Wages salaries and compensation (fill out below) Goods sold Last four digits of your SS # Services performed Unpaid compensation for services performed Money loaned Personal mjury/wrongful death from Taxes (datc) (date) 500 Other · If court judgment, date obtained 2. Date debt was incurred 9/9 4 Classification of Claim Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed See reverse side for important explanations Secured Claim Unsecured Nonpriority Claim \$ 767,590.46 Check this box if your claim is secured by collateral (including Check this box if a) there is no collateral or lien securing your claim or a right of setoff) your claim exceeds the value of the property securing it or if c) none or only part of your claim is entitled to priority Brief Description of Collateral | Real Estate | Motor Vehicle Other. Unsecured Priority Claim sunknown Value of Collateral Check this box if you have an unsecured claim all or part of which is entitled to priority Amount of arrearage and other charges at time case filed included in secured claim if any \$12,135 63 Amount entitled to priority \$ Up to \$2 225* of deposits toward purchase lease or rental of property Specify the priority of the claim or services for personal family or household use - 11 USC Domestic support obligations under 11 U S C ≥ 507(a)(1)(A) or 8 507(a)(7) (a)(1)(B) Taxes or penalties owed to governmental units - 11 USC § 507(a)(8) Wages, salaries, or commissions (up to \$10,000),* earned within 180 Other - Specify applicable paragraph of 11 USC § 507(a)(_ days before filing of the bankrupicy petition or cessation of the debtor s business whichever is earlier - 11 U.S.C. § 507(a)(4) *Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment Contributions to an employee benefit plan - 11 U S C ≥ 507(a)(5) 767,540,46 5 \$767,540 46 767,540,46 Total Amount of Claim at Time Case Filed. (unsecured) (secured) (priority) (Total) Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges Credits The amount of all payments on this claim has been credited and deducted for the purpose of THIS SPACE IS FOR COURT USE ONLY making this proof of claim Supporting Documents Attach copies of supporting documents such as promissory notes purchase orders invoices itemized statements of running accounts, contracts court judgments, mortgages, security agreements and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS If the Date-Stamped Copy To receive an acknowledgment of the filing of your claim enclose a stamped self-addressed envelope and copy of this proof of claim addressed envelope and copy of this proof of claim Date Sign and print the name and title, if any of the creditor or other person authorized to file this claim (attach copy of power of attorney if any) 07 Slams, mee

Case Number 06-10725LBR Expense arising after the commencement led pursuant to 11 U S C § 503
heck box if you are aware that anyone se has filed a proof of claim relating to our claim. Attach copy of statement iving particulars heck box if you have never received any
the bankruptcy court in this heck box if the address differs from the didress on the envelope sent to you by the court
THIS SPACE IS FOR COURT USE ONL
s claim a previously filed claim dated amends
The second

NOTE This form should not be used to make a claim for an administ of the case A request for payment of an administrative expense may be a claim for					
Name of Creditor (The person or other entity to whom the debtor owes money or property) Lisa M Hollifield, personal representative of the	els yo	eck box if you are aware that anyone e has filed a proof of claim relating to ur claim. Attach copy of statement ing particulars			
estate of James D Nafziger, deceased	1 -	7.			
Name and address where notices should be sent		eck box if you have never received any tices from the bankruptcy court in this			
c/o Scott D Fleming Esq	cas	1			
Hale Lane Peek Dennison and Howard	ПСы	eck box if the address differs from the			
3930 Howard Hughes Parkway 4th Floor Las Vegas Nevada 89169	_	iress on the envelope sent to you by			
	the	court	THIS SPACE IS FOR COURT USE ONLY		
Telephone number 702 222 2500	Check	here replaces	THIS SPACE IS FOR COURT USE ONLY		
Last four digits of account or other number by which creditor identifies debtor Account ID 7547			rously filed claim dated		
	<u> </u>	amends			
1 Basis for Claim	_				
Goods sold Services performed		ettree benefits as defined in 11 USC § 1			
✓ Money loaned		ages salaries, and compensations (fill out ist four digits of SS #	below)		
Personal injury/wrongful death		apaid compensations for services perform	ed		
Taxes	fre	om to			
		(date) (date)			
2 Date debt was incurred See Attachment A	3 If	court judgment, date obtained			
4 Classification of Claim Check the appropriate box or boxes that	it best de	scribe your claim and state the amount of	the claim at the time case filed		
See reverse side for important explanations		Secured Claim			
Unsecured Nonpriority Claim \$ Unknown (see Attachment A)					
a) Check this box if a) there is no collateral or lien securing your cla		Check this box if your claim is secu	red by collateral (including		
b) Your claim exceeds the value of the property securing it or if c) n	one or	a right of setoff)			
only part of your claim is entitled to priority		Brief Description of Collateral	C3 Out on		
Unsecured Priority Claim		Real Estate Motor Vehicle			
Check this box it you have an unsecured claim, all or part of wh	ich is	Value of Collateral \$			
Amount entitled to priority		Amount of arrearage and other charges secured claim if any \$	at time case filed included in		
Specify the priority of the claim		Up to \$2 225* of deposits toward p	irchase lease or rental of property		
Domestic support obligations under 11 U S C § 507(a)(1)(A) of (a)(1)(B)	г	or services for personal family or b § 507(a)(7)	nousehold use — 11 U S C		
Wages salaries or commissions (up to \$10 000) * earned within	n 190	☐ Taxes or penalties owed to government	nental units 11 U S C § 507(a)(8)		
days before filing of the bankruptcy petition or cessation of the debto	nr's or's	*Amounts are subject to adjustment of	4/1/07 and every 3 years thereafter		
business whichever is earlier — 11 USC § 507(a)(4)		with respect to cases commenced on or			
Contributions to an employee benefit plan — 11 USC § 507(a)(5)				
5 Total Amount of Claim at Time Case Filed		\$Unknown	\$ Unknown		
☐ Check this box if claim includes interest or other charges in additi	on to the	(unsecured) (secured)	(priority) (Total)		
interest or additional charges					
6 Credits The amount of all payments on this claim has been cred	lited and	deducted for the purpose of	THIS SPACE IS FOR COURT USE ONLY		
	making this proof of claim 7 Supporting Documents Attach copies of supporting documents such as promissory notes purchase				
orders invoices itemized statements of running accounts contract	cts cour	judgments mortgages security	FILED		
agreements and evidence of perfection of hen DO NOT SEND	ORIGIN	AL DOCUMENTS It the	NOV 10 2006		
documents are not available explain. If the documents are voluments are voluments are voluments are voluments.			KOA TO 5000		
8 Date-Stamped Copy To receive an acknowledgement of the fit addressed envelope and copy of this proof of claim	ing of yo	our ciaim, enclose a stamped self-			
Date Sign and print the name and title if any o	f the cree	litor or other person authorized to	-' USA CMC		
file this claim (attach copy of power of atte			DI BURT I HA IN TANKA IN BURT IN BURT		
November 9 2006 /s/ Scott D. Flaming, Fig.			1072501293		
/s/ Scott D Fleming Esq					
L			<u> </u>		

Penalty for presenting fraudulent claim Fine of up to \$500 000 or imprisonment for up to 5 years or both 18 U S C §§ 152 and 3571

Case 06-10725-gwz Doc 8619-	3 Ent	ered 07/13/11 14:1	6:04 Page	e 10 of 11
UNITED STATES BANKRUPTCY COURT DISTRICT OF NEVADA		OOF OF CLAIM		
Name of Debtor	Case Nu	mber		
USA Commercial Mortgage Company	06-107	725-LBR	RECEIVED	AND FILED
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U S C § 503 Name of Creditor and Address 11321242036862 LOUGHLIN, LORIN AND RAND YAZZDI, NO SONOMA CA 95476		Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars Check box if you have never received any notices from the bankruptcy court or BMC Group in this case. Check box if this address differs from the address on the envelope sent to you by the court.	IF YOU ARE ONL WHOSE LOAN IS DEBTORS YOU'C OF CLAMP ITHIS BORROWER HEL DO NOT FILE TH SECURED INTER ONE OF THE DEI If you have alre Bankruptcy Court	Y OWED MONEY BY A BORROWER BEING SERVICED BY THE COLOT HAVE TO FILE A PROOF INCLUDES MONEY FROM THAT DIN THE COLLECTION ACCOUNT IS PROOF OF CLAIM FOR A LEST IN A BORROWER THAT IS NOT BTORS eady filed a proof of claim with the or BMC you do not need to file again E IS FOR COURT USE ONLY
Creditor Telephone Number (12) (0) 1000 The Thorno Last four digits of account or other number by which creditor identifies	dobtor		THIS SPAC	E IS FOR COURT USE ONLY
67 DD	debtoi	Check here replace or if this claim amer	 a previousiy 	filed claim dated
1 BASIS FOR CLAIM	Retiree l	penefits as defined in 11 U S	C § 1114(a)	Unremitted principal
Goods sold Personal ınjury/wrongful death	Wages	salaries and compensation (fill out below)	Other claims against service
Services performed		r digits of your SS # compensation for services pe	rformed from	(not for loan balances)
	Oripaid	sompensation for solvides pe		to (date) (date)
2 DATE DEBT WAS INCURRED TIME 1 2005 4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that		OURT JUDGMENT, DATE C		he time case filed
See reverse side for important explanations	it best desci		unt of the claim at t	ne ume case med
UNSECURED NONPRIORITY CLAIM \$		SECURED CLAIM	our oloum in accur	red by collateral (including
Check this box if a) there is no collateral or lien securing your claim or b) exceeds the value of the property securing it or if c) none or only part of your entitled to priority		a right of setoff)		ed by collateral (including
UNSECURED PRIORITY CLAIM		Brief description of	_	_
Check this box if you have an unsecured claim all or part of which is		Real Estate	. 1	
entitled to priority Amount entitled to priority \$		Value of Collateral	. <u>x-tx-/-</u>	at time case filed included in
Specify the priority of the claim		secured claim if any	\$	at time case filed included in
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)	Г	Up to \$2 225* of deposits tows	ard purchase lease	or rental of property or
Wages salaries or commissions (up to \$10 000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtors	· –	services for personal family of	or household use -1	1 U S C § 507(a)(7)
business whichever is earlier - 11 U S C § 507(a)(4)	-	Taxes or penalties owed to go Other - Specify applicable part		
Contributions to an employee benefit plan - 11 U S C § 507(a)(5)	t	* Amounts are subject to adju- with respect to cases commer	stment on 4/1/07 an	nd every 3 years thereafter
5 TOTAL AMOUNT OF CLAIM \$ \$	250,0	000 \$		\$ 750,000
(unsecured)	`	secured)	(priority)	(Total)
Check this box if claim includes interest or other charges in addition to the				
6 CREDITS The amount of all payments on this claim has been cree 7 SUPPORTING DOCUMENTS Attach copies of supporting docu- running accounts contracts, court judgments, mortgages, security a DOCUMENTS If the documents are not available explain. If the	<i>ument</i> s, su agreement	uch as promissory notes pure s and evidence of perfection	chase orders, inv	oices, itemized statements of
8 DATE-STAMPED COPY To receive an acknowledgment of the proof of claim			•	l envelope and copy of this
The original of this completed proof of claim form must be sen ACCEPTED) so that it is actually received on or before 5 00 pm for each person or entity (including individuals, partnerships, or governmental units) BY MAIL TO	n, prevailir corporatio	ng Pacific time, on Novemb	er 13, 2006 nd	THIS SPACE FOR COURT USE ONLY
BMC Group Attn USACM Claims Docketing Center P O Box 911 El Segundo CA 90245-0911	BMC Gro Attn USA 1330 Eas El Segun	oup ACM Claims Docketing Cente ot Franklin Avenue do_CA 90245		D JAN 1 2 2007
DATE 12 20 06 SIGN and print the name and title if any of the this claim (attach copy of power of attornment)	ne creditor o mey if any)		homn Longhlin	USA CMC 1072502205
Penalty for presenting fraudulent claim is a fine of up to \$500 000 or imprisonme	ent for up to	5 years or both 18 USC §§	152 AND 3571	

	PRO	OF OF CLAIM	0.04 Tag	6-11-01-11
Name of Debtor	Case Nu	mber		
12 F Commercial Mortgoge	06	5-10725-LBR		
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative exp arising after the commencement of the case A "request" for payment of administrative expense may be filed pursuant to 11 U S C § 503		Check box if you are aware that anyone else has filed a proof of claim relating		
Name of Creditor and Address	:	to your claim Attach copy of statement giving particulars		
LOUGHLIN FAMILY TRUST C/O RICHARD J LOUGHLIN & ROBERTA L LOUGHLIN TRUSTEES 50 GREENBRIAR CIR NAPA CA 94558-1587 Creditor Telephone Number ()		Check box if you have never received any notices from the bankruptcy court or BMC Group in this case Check box if this address differs from the address on the envelope sent to you by the court	SECURED INTER ONE OF THE DEE If you have aire Bankruptcy Court	IS PROOF OF CLAIM FOR A LEST IN A BORROWER THAT IS NOT BETORS BAD IT IN THE BORROWER THAT IS NOT BAD IT IN THE BORROWER THAT IS NOT BAD IT IN THE BORROWER THAT IS NOT IN THE BORROWER THAT IN THE BORROWER THAT IS NOT IN THE BORROWER THAT IN THE BORROWER THAT IS NOT IN THE BORROWER T
Last four digits of account or other number by which creditor identifies of	debtor	Check here replace or if this claim amen	a previously	filed claim dated
1 BASIS FOR CLAIM	Retiree I	benefits as defined in 11 U S		Unremitted principal
Goods sold Personal injury/wrongful death Services performed Taxes	Wages,	salaries and compensation (i		Other claims against servicer (not for loan balances)
Money loaned Other (describe bnefly)		compensation for services per	rformed from	to
2 DATE DEBT WAS INCURRED	3 IF C	OURT JUDGMENT, DATE O	BTAINED	(date) (date)
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that				he time case filed
See reverse side for important explanations		SECURED CLAIM		
UNSECURED NONPRIORITY CLAIM \$ Check this box if a) there is no collateral or lien securing your claim or b) exceeds the value of the property securing it or if c) none or only part of your claim or by part of your claim.	your claim our claim is	а пght of setoff)		red by collateral (including
entitled to priority UNSECURED PRIORITY CLAIM		Brief description of		pana,
Check this box if you have an unsecured claim all or part of which is entitled to priority		Real Estate Value of Collateral		cknown
Amount entitled to priority \$			nd other charges	at time case filed included in
Specify the priority of the claim Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)	_	Up to \$2 225* of deposits toward		or rantal of property or
Wages salaries or commissions (up to \$10 000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's	_	services for personal family of Taxes or penalties owed to go	r household use 1	1 U S C § 507(a)(7)
business whichever is earlier 11 U S C § 507(a)(4)		Other Specify applicable para		
Contributions to an employee benefit plan 11 U S C § 507(a)(5)		* Amounts are subject to adjust with respect to cases comment		
5 TOTAL AMOUNT OF CLAIM \$	1,11		COU CIT OF EITER THE	\$ 1,116,400
AT TIME CASE FILED (unsecured)	,	secured)	(priority)	(Total)
Check this box if claim includes interest or other charges in addition to the	e principal	amount of the claim. Attach itel	mized statement o	f all interest or additional charges
6 CREDITS The amount of all payments on this claim has been cred 7 SUPPORTING DOCUMENTS Attach copies of supporting documenting accounts contracts court judgments, mortgages security a DOCUMENTS If the documents are not available explain. If the d 8 DATE-STAMPED COPY To receive an acknowledgment of the proof of claim.	<i>iments,</i> si agreement locuments	uch as promissory notes purc ts, and evidence of perfection are voluminous, attach a sur	chase orders inve of lien DO NO mmary	orces itemized statements of T SEND ORIGINAL
The original of this completed proof of claim form must be sent ACCEPTED) so that it is actually received on or before 5 00 pm for each person or entity (including individuals, partnerships, c	, prevailir	ng Pacific time, on Novembe	er 13, 2006 nd	THIS SPACE FOR COURT USE ONLY
governmental units) BY MALL TO BMC Group	BYHAND	OR OVERNIGHT DELIVERY TO		NOV 0 6 2008
BMC Group Attn USACM Claims Docketing Center	BMC Gro Attn USA	oup ACM Claims Docketing Cente	r	
P O Box 911 El Segundo CA 90245-0911	1330 Eas	st Franklin Avenue do CA 90245		
DATE SIGN and print the name and title if any of the the claim (attach copy of power of attorn	e creditor o		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	USA CMC
11/2/06 Roberta Lough	lun	Truster		114 1 114 11 114 11 11 12 11 11